Claimant_idn	Member id	Group Name	Patient Last Name	Patient First Name	Admit Date
****	****	Group Name	****	****	3/14/2016
****	***	FFS Medicaid	****	****	
****	****	FFS Medicaid	****	****	3/13/2016
		FFS Medicaid			3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/14/2016
***	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	***	3/14/2016
****	****	FFS Medicaid	***	****	3/10/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	***	FFS Medicaid	***	***	3/14/2016
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****	****	FFS Medicaid	***	****	3/14/2016
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***	****	FFS Medicaid	***	***	3/14/2016
****	****	FFS Medicaid	***	****	3/13/2016
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****	****	FFS Medicaid	****	****	3/14/2016
****	****	FFS Medicaid	****	****	3/14/2016
		FFS Medicaid			3/13/2016
***	***	FFS Medicaid	***	****	3/14/2016
****	****	FFS Medicaid	***	***	3/13/2016
****	****	FFS Medicaid	***	***	3/14/2016
***	****	FFS Medicaid	***	****	3/13/2016
***	****	FFS Medicaid	***	***	3/14/2016
****	****	FFS Medicaid	***	***	3/14/2016
****	****	FFS Medicaid	***	***	3/10/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/14/2016
****	****	FFS Medicaid	***	***	3/14/2016
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***	****	FFS Medicaid	***	***	3/14/2016
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***	***	FFS Medicaid	***	****	3/13/2016
***	****	FFS Medicaid	***	****	3/14/2016
***	****	FFS Medicaid	***	***	3/14/2016
***	****	FFS Medicaid	***	***	3/15/2016
****	****	FFS Medicaid	***	***	3/13/2016
****	****	FFS Medicaid	***	***	3/13/2016
***	***	FFS Medicaid	***	****	3/13/2016
****	****		****	****	
****	****	FFS Medicaid	****	****	3/14/2016
		FFS Medicaid	****	***	3/13/2016
***	***	FFS Medicaid			3/14/2016
****	****	FFS Medicaid	****	****	3/14/2016
****	****	FFS Medicaid	****	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
****	****	FFS Medicaid	***	****	3/13/2016
		i i o iviculcalu			3/13/2010

Record Create Date	Record Update Date	Bill Type Code	Facility Name Final
3/15/2016	3/15/2016	Din Type Code	SAMARITAN PACIFIC COMMUNITIES HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		BAY AREA HOSPITAL
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/11/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		PROVIDENCE MEDFORD
3/15/2016	3/15/2016		LEGACY GOOD SAMARITAN
3/15/2016	3/15/2016		PROVIDENCE MILWAUKIE
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		BAY AREA HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE NEWBERG
3/15/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		PROVIDENCE MEDFORD
3/14/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		PROVIDENCE NEWBERG
3/15/2016	3/15/2016		SANTIAM MEMORIAL HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY MERIDIAN PARK
3/15/2016	3/15/2016		GOOD SAMARITAN REGIONAL
3/11/2016	3/15/2016		OHSU
3/14/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		SACRED HEART UNIVERSITY
3/15/2016	3/15/2016		PROVIDENCE MILWAUKIE
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		LEGACY MERIDIAN PARK
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		SACRED HEART UNIVERSITY
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		GOOD SHEPHERD MEDICAL CENTER
3/15/2016	3/15/2016		PROVIDENCE WILLAMETTE FALLS
3/15/2016	3/15/2016		PROVIDENCE WILLAMETTE FALLS
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		PROVIDENCE WILLAMETTE FALLS
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		PROVIDENCE NEWBERG
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE MILWAUKIE
3/15/2016	3/15/2016		PROVIDENCE MEDFORD

Discharge Date	Admitting Icd Code	Admitting Icd Code Desc	Admission Source	Hospital Loc
Discharge Date	J18.9	Pneumonia, unspecified organism	Admission source	Piospital EUC
	H92.09	Otalgia, unspecified ear		
	1102.00	otalgia, anoposmoa car		
	M54.5	Low back pain		
	R06.02	Shortness of breath		
	M54.5	Low back pain		
	R10.9	Unspecified abdominal pain		
	D40.0	Harman's delication of the state of the stat		
	R10.9	Unspecified abdominal pain		
	R11.10	Vomiting, unspecified		
	R05	Cough		
	K43.1	Incisional hernia with gangrene		
	R05	Cough		
	1100	Cougn		
3/14/2016				
	R03.1	Nonspecific low blood-pressure reading		
	R06.02	Shortness of breath		
	R10.9	Unspecified abdominal pain		
	R41.82	Altered mental status, unspecified		
	D07.0	Object main annualistical		
	R07.9	Chest pain, unspecified		
	K92.0	Hematemesis		
	R30.0	Dysuria		

Discharge Disposition	Discharge Icd Code
	D69.3
Home	G40.319
Home	G40.319 F33.9
Home	

Discharge Icd Code Desc
Immune thrombocytopenic purpura
Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
Major depressive disorder, recurrent, unspecified
·g

## Assigned Nurse Sherri France Debra Mende Shannon Molden Sharon Johnston Debra Mende Daniel Brown Lucy Tillett RN Shannon Molden Shannon Molden Sherri France Lucy Tillett RN Lucy Tillett RN Sherri France Sharon Johnston Sharon Johnston Shannon Molden Shannon Molden Debra Mende Shannon Molden Rebecca Fisher Shannon Molden Rebecca Fisher Joanna Cashman Lucy Tillett RN Rebecca Fisher

Claimant_idn	Member id	<b>Group Name</b>	Patient Last Name	Patient First Name	Admit Date
***	****	Dual	****	****	3/14/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	****	****	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	****	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	****	****	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/15/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/9/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	***	3/13/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	***	3/13/2016
***	****	Dual	***	***	3/13/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	***	3/14/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/15/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/13/2016
****	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/14/2016
****	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/13/2016
****	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/14/2016
****	****	Dual	***	****	3/13/2016
***	****	Dual	***	****	3/12/2016
***	****	Dual	***	****	3/14/2016
***	****	Dual	***	****	3/14/2016

Record Create Date	Record Update Date	Bill Type Code	Facility Name Final
3/15/2016	3/15/2016		SAMARITAN PACIFIC COMMUNITIES HOSPITAL
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		LEGACY MERIDIAN PARK
3/15/2016	3/15/2016		SAMARITAN ALBANY
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/11/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		PROVIDENCE MILWAUKIE
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		SAMARITAN ALBANY
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY GOOD SAMARITAN
3/15/2016	3/15/2016		PROVIDENCE MEDFORD
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER
3/15/2016	3/15/2016		PROVIDENCE NEWBERG
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY MERIDIAN PARK
3/15/2016	3/15/2016		LEGACY GOOD SAMARITAN
3/15/2016	3/15/2016		LEGACY MERIDIAN PARK
3/15/2016	3/15/2016		SACRED HEART MEDICAL CENTER RIVERBEND
3/15/2016	3/15/2016		SALEM HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE MILWAUKIE
3/15/2016	3/15/2016		SALEM HOSPITAL
3/15/2016	3/15/2016		SALEM HOSPITAL
3/15/2016	3/15/2016		LEGACY GOOD SAMARITAN
3/15/2016	3/15/2016		PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE WILLAMETTE FALLS
3/15/2016	3/15/2016		LEGACY MOUNT HOOD
3/15/2016	3/15/2016		SALEM HOSPITAL
3/15/2016	3/15/2016		SALEM HOSPITAL
3/15/2016	3/15/2016		PROVIDENCE PORTLAND HOSPITAL
3/15/2016	3/15/2016		OHSU
3/15/2016	3/15/2016		PROVIDENCE MEDFORD
3/15/2016	3/15/2016		GOOD SAMARITAN REGIONAL
3/15/2016			
	3/15/2016 3/15/2016		LEGACY MERIDIAN PARK
3/15/2016			PROVIDENCE ST VINCENT
3/15/2016	3/15/2016		LEGACY GOOD SAMARITAN
3/15/2016	3/15/2016		SAMARITAN NORTH LINCOLN
3/15/2016	3/15/2016		LEGACY EMANUEL MEDICAL CENTER

Disabase Date	A .l :
Discharge Date	Admitting Icd Code
	J18.9
	R06.02
	R14.0
	M47.12
	T50.901A
	R50.9
3/11/2016	K43.2
	R51
	N12
	R51
	1102
	R07.9
	107.5
	D41.02
	R41.82
	R05
	N39.0
	J80
	M54.12
	R41.82
	R41.82
	163.9
	R07.9
	R10.9
	R53.1
	M54.5
	D61.818
	201.010

Admitting lcd Code Desc
Pneumonia, unspecified organism
Shortness of breath
Abdominal distension (gaseous)
Abdominal distension (gaseous)
Other spondylosis with myelopathy, cervical region
Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
Fever, unspecified
Incisional hernia without obstruction or gangrene
Headache
Tubulo-interstitial nephritis, not specified as acute or chronic
Headache
Chest pain, unspecified
Chest pain, unspecilled
Altered mental status, unspecified
Cough
Urinary tract infection, site not specified
Acute respiratory distress syndrome
Radiculopathy, cervical region
Altered mental status, unspecified
Altered mental status, unspecified
Cerebral infarction, unspecified
Chest pain, unspecified
Unspecified abdominal pain
Wash
Weakness
Low back pain
LOW Dack Pall
Other pancytopenia
Cator partoytoportia

Admission Source	<b>Hospital Loc</b>	Discharge Disposition	Discharge Icd Code
		Home	K43.9

Discharge Icd Code Desc	Assigned Nurse
	Sherri France
	Shannon Molden
	Debra Mende
	Shannon Molden
	Debra Mende
	Sherri France
Ventral hernia without obstruction or gangrene	Sharon Johnston
	Sherri France
	Lucy Tillett RN
	Shannon Molden
	Rebecca Fisher
	Robin Dennison RN
	Lucy Tillett RN
	Lucy Tillett RN
	Teresa O'Leary RN
	Shannon Molden
	Carol Adams
	Carol Adams
	Carol Adams
	Torogo O'l cory DN
	Teresa O'Leary RN
	Carol Adams
	Carol Adams
	Rebecca Fisher
	Sherri France
	Debra Mende
	Sherri France
	SHEIII FIAIICE
	Lucy Tillett RN
	Sherri France
	Jildiii Flailde